

Consumer Protection Division

140 W. Flagler St., Suite 902 • Miami, FL 33130 Consumer Hotline: (305) 375-3677 • Fax (305) 375-4120 E-mail: consumer@miamidade.gov

COMPLAINT AFFIDAVIT

COMPANY DBA	SALUT. FIRST NAME	LAST NAME	
ADDRESS	ADDRESS		
CITY STATE ZIP	CITY	STATE ZIP	
TELEPHONE EXT	HOME PHONE	BUSINESS PHONE EXT.	
Have you engaged an attorney? Y / N		Have you filed this complaint with another agency? Y / I If yes, name of agency	
STATE YOUR EXPERIENCE BRIEFLY (For service; serial and model numbers; warra corrected.) Attach copies of all relevant d	nty terms; what happened; and		
	Under penalties of parium, I dealers the	at I have read the foregoing complaint affidavit an	
	facts stated in it are true and copies of	all documents are made a part hereof. blic record and that a copy of my complaint will b	

SIGNATURE OF COMPLAINANT

DATE